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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/036,869
		Filing Date	November 29, 2001
		First Named Inventor	A. James Mixson
		Art Unit	1635
		Examiner Name	R. Schnizer
Total Number of Pages in This Submission		Attorney Docket No.	38147-0017

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s), please identify below:
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**Remarks**

**Request for Continued Examination (RCE)**

**Return Post Card**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Paul M. Booth, Reg. No. 40,244
Signature	<i>Catherine L. Gravador # 33,683</i>
Date	June 10, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>COMBINED FEE TRANSMITTAL</b> <b>for FY 2005</b> <i>Effective 12/08/2004. Patent fees are subject to annual revision.</i> <small>PTO/SB/17 (2-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), &amp; (i))</small>							<i>Complete if Known</i>			
<input checked="" type="checkbox"/>							Application Number 10/036,869 Filing Date November 29, 2001 First Named Inventor A. James Mixson Examiner Name R. Schnizer Art Unit 1635 Attorney Docket No. 38147-0017			
<input checked="" type="checkbox"/>										
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 620.00)										
<b>METHOD OF PAYMENT</b> (check one)							<b>FEE CALCULATION</b> (continued)			
<input type="checkbox"/> Check		<input type="checkbox"/> Credit card		<input type="checkbox"/> Money Order		<input type="checkbox"/> Other		<input type="checkbox"/> None		
<input checked="" type="checkbox"/> Deposit Account										
Deposit Account Number:		08-1641								
Deposit Account Name:		Heller Ehrman White & McAuliffe LLP								
<b>The Commissioner is authorized to:</b> (check all that apply)										
<input type="checkbox"/> Charge fee(s) indicated below										
<input checked="" type="checkbox"/> Credit any overpayments and charge any deficiencies										
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the deposit account										
<b>FEE CALCULATION</b>										
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>										
	FILING FEES		SEARCH FEES		EXAMINATION FEES					
Application Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100	50	25	Surcharge - late filing fee or oath	
Design	200	100	100	50	130	65	130	130	Surcharge - late provisional filing fee or cover sheet	
Plant	200	100	300	150	160	80	2,520	2,520	Non-English specification	
Reissue	300	150	500	250	600	300	920*	920*	For filing a request for <i>ex parte</i> reexamination	
Provisional	200	100	0	0	0	0	1,840*	1,840*	Requesting publication of SIR prior to Examiner action	
							120	60	Requesting publication of SIR after Examiner action	
							450	225	Extension for reply within first month	
							1,020	510	Extension for reply within second month	
							1,590	795	Extension for reply within third month	
							2,160	1,080	Extension for reply within fourth month	
							500	250	Extension for reply within fifth month	
							790	395	Extension for reply within sixth month	
							1,510	1,510	Extension for reply within seventh month	
							500	250	Extension for reply within eighth month	
							1,500	750	Extension for reply within ninth month	
							50	50	Extension for reply within tenth month	
							180	180	Extension for reply within eleventh month	
							1,000	500	Extension for reply within twelfth month	
							790	395	Extension for reply within thirteenth month	
							790	395	Extension for reply within fourteenth month	
							900	900	Extension for reply within fifteenth month	
							Other fee (specify)			
Total Sheets		Extra Sheets		Number of each additional	Fee (\$)	Small Entity Fee (\$)			SUBTOTAL (4+5+6+7+8)	\$ 620
-100 =		/50 =		50	x 250	x 125				
SUBTOTAL (3) \$							* Reduced by Basic Filing Fee Paid			
<b>SUBMITTED BY</b>									<i>Complete (if applicable)</i>	
Name <i>(Print/Type)</i> : Paul M. Booth Signature <i>Patricia J. Garrahan</i>					Registration No. Attorney/Agent Date <i>June 10, 2005</i>		Telephone 202 912-2000			
							Customer No. 26633			